2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059646

WARD, DAVID E III

925 S DAVIS STREET

MCMINNVILLE, OR 97128

Name:

Address:

City-St-Zip:

Entity Name: AGROTURF, INC

FILED Apr 25, 2005 Secretary of State

Littly Nai	ile. AGROTO	JRF, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
2910 W BAY TO BAY BLVD STE 300 TAMPA, FL 33629				P.O. BOX 329 WIMAUMA, FL 33598			
Current Mailing Address:				New Mailing Address:			
2910 W BAY TO BAY BLVD STE 300 TAMPA, FL 33629				P.O. BOX 329 WIMAUMA, FL 33598			
FEI Number:	59-3390595	FEI Number Applied Fo	r() FEI Nur	mber Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WARD, DAVID W JR 2910 W BAY TO BAY BLVD STE 300 TAMPA, FL 33629 US				WARD, DAVID W JR P.O. BOX 329 WIMAUMA, FL 33598 US			
	named entity of Florida.	submits this statement	for the purpose o	of changing i	ts registered	office or registered agent, or both,	
SIGNATURE: DAVID E. WARD, JR.						04/25/2005	
	Electro	nic Signature of Registe	ered Agent			Date	
Election Can	npaign Financir	g Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD (WARD, DAVID 1925 BAYSHO TAMPA, FL 33	RE BLVD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (WARD, LINDA 1925 BAYSHO TAMPA, FL 33	RE BLVD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AVTD (WARD, TIMOT 1801 RICHARI TAMPA, FL 33	DSON PLACE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD () Delete		Title:	TD (X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

WARD, DAVID E III

210 S. DANIELS ST.

MCMINNVILLE, OR 97128

SIGNATURE: DAVID E. WARD, JR. PD 04/25/2005